



## Mauna Kea Forest Restoration Project (MKFRP)

19 East Kawili St. Hilo, Hawai'i 96720  
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Email: DLNR.RestoreMaunaKea@hawaii.gov  
Website: RestoreMaunaKea.org

## Volunteer Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Group Name: \_\_\_\_\_

### IN CASE OF EMERGENCY:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Condition: \_\_\_\_\_

Medications: \_\_\_\_\_

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### Please Read Carefully and Sign

I have read the agreement for individual voluntary service and understand the scope of activities for this project which I am volunteering for. I certify that I am in good physical health and able to participate in all activities of MKFRP under my own free will. I also understand and acknowledge that there are inherent dangers and risks involved with my participation. I agree to assume all risks and accept all responsibility surrounding my participation with MKFRP and release them from all liability, claims, and actions resulting from my participation. I consent to and authorize any medical professional and others working under their supervision to treat me for injury or illness arising from or related to my participation with MKFRP. I further agree to pay any and all medical expenses associated with such medical treatment or care. I authorize MKFRP to use my name, likeness, and/or photographs in their social media accounts or publications that advocates for conservation in Hawai'i.

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Volunteer Signature and Date

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Print Name/Signature of Parent/Guardian (if under 18 years) and Date

STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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DURATION OF AGREEMENT: START: \_\_\_\_\_ END: \_\_\_\_\_

I understand that I will not receive any compensation for the above work and the volunteers are NOT considered to be employees of the State of Hawaii for any purpose other than tort claims, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the State of Hawaii or I may cancel this agreement at any time by notifying the other party. I acknowledge that there are inherent risks and dangers associated with this activity and in particular have noted those risks listed below.

I understand that I will be assisting the State of Hawaii, Department of Land and Natural Resources in taking care of Hawaii's natural and cultural resources. I will be responsible for my equipment and supplies. I understand that a DLNR employee will be available to assist with logistics and communications. I will be responsible for all aspects for the actual work project, and the safe use of and proper care of hand tools including, but not limited to: machetes, saws, hand saws, hazel hoes, Pulaski's, McLeod's, pry bars, sledge hammers, bow-saws, power tools (including but not limited to: brush cutters), etc.

I am in good physical shape, and will be self-sufficient while at the work project site. I have informed the State of any physical, mental, and/or medical conditions that may increase the risk of harm to me or others while engaging in the activities described in this document. I understand that I should wear footwear when working in the field. I understand that the duration of the project may be less than eight hours in length; however, in the event of inclement weather the work day may be either shortened or extended at the discretion of the State. I further understand that work projects may occur in remote areas as well as on public or private lands where hunting activities occur and that I may not leave the trail work area without first notifying the State. I am aware that there are inherent risks and dangers associated with field work. They include but are not limited to:

Nighttime work	humid to wet and cold
Passenger in Utility-Terrain Vehicles (UTV)	Diseases caused by water, air, and animal vectors
Work around or near mechanical equipment	Paint, fuel, and oil fumes
Passenger in helicopter, and or working around helicopter	Thorny plants/dense vegetation
Gusty wind	Poisonous plants
Sharp and or slippery rocks	Slips, Trips, and Falls
Stinging or biting insects and spiders	Lack or reliable communication
Portable or no bathroom facilities	No telephones
Steep drop-offs: Landslides	Weapons fire/gunshots
No potable (drinkable) water	Wet and slippery roads
Rugged terrain	Work on/in near water
Sharp tools	Herbicides/Pesticides/Fungicides
Lack of medicinal facilities	Work in a hunting area
Wild animals	Steep and slippery trail and river crossings
Harsh weather conditions ranging from hot and	Flash floods

I agree to waive any and all claims against the State of Hawaii and its officers, agents, employees, or volunteers for any injury, property damage, and/or death caused by any negligence on the part of the State of Hawaii, its officers, agents, employees, and other volunteers and agree to hold harmless and indemnify the State of Hawaii, its officers, agents, employees and other volunteers from any suits, actions, and claims arising out of or in any way connected with my activities as a volunteer or the activities of the State of Hawaii, its officers, agents, employees or other volunteers.

I understand I am also signing on behalf of any minor that is under my care during the duration of the volunteer activity. I further agree that I will be responsible for personally supervising the minor or for making arrangements for the supervision of the minor by another responsible adult.

I hereby volunteer my services as described above, to assist the State of Hawaii, Department of Land and Natural Resources in its authorized work.

\_\_\_\_\_

Signature of Volunteer (or Minor's guardian) - Date

Minor's Name: \_\_\_\_\_

Based upon the above agreement and understanding, the State of Hawaii agrees, while this arrangement is in effect, to accept your services as a volunteer.

Mahalo for your support of Hawaii's natural and cultural resources.

  
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Suzanne D. Case, Chairperson  
Department of Land and Natural Resources